

RECEIVED
CENTRAL FAX CENTER

MAY 26 2005

PTO/SB/21 (08-04)

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

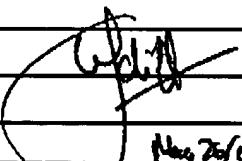
18

Application Number	10/054,611
Filing Date	January 18, 2002
First Named Inventor	Thomas R. Cech, et al.
Art Unit	1652
Examiner Name	Malgorzata A. Walicka
Attorney Docket Number	015389-002970US; 018/182C

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (18 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks **last page marker (1 page)**		

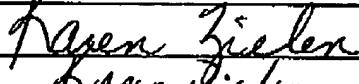
RECEIVED
MAY 27 2005
CPE/JCWS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Geron Corporation		
Signature			
Printed name	J. Michael Schiff		
Date	May 26/05	Reg. No.	40,253

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Karen Ziegler		
	Date	May 26, 2005	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/054,611
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 18, 2002
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Thomas R. Cech, et al.
800		Examiner Name	Małgorzata A. Walicka
		Art Unit	1652
		Attorney Docket No.	015389-002970US; 018/182C

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 07-1139 Deposit Account Name: Geron Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180
<u>Total Claims</u>	<u>Extra Claims</u>
42 - 20 or HP =	0 x = 0
HP = highest number of total claims paid for, if greater than 20.	total claims previously paid = 44
<u>Indep. Claims</u>	<u>Extra Claims</u>
8 - 3 or HP =	4 x = 800
HP = highest number of independent claims paid for, if greater than 3.	total independent claims previously paid = 4
<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY		Registration No. (Attorney/Agent) <u>40,253</u>		Telephone <u>(650) 473-7715</u>	
Signature			Name (Print/Type)	<u>J. Michael Schiff</u> Date <u>May 26/05</u>	

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to the U.S. Patent & Trademark Office in accordance with 37 CFR § 1.6(d) on the date indicated.

Fran Zielez
Name

May 26, 2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Thomas Cech et al.

Art Unit: 1652

Filing Date: January 18, 2002

Examiner: Małgorzata A. Walicka, Ph.D.

Serial No: 10/054,611

Docket: 015389-002970US; 018/182c

Title: METHODS FOR DETECTING NUCLEIC
ACIDS ENCODING HUMAN TELOMERASE
REVERSE TRANSCRIPTASE

AMENDMENT AND RESPONSE TO OFFICE ACTION
UNDER 37 CFR § 1.111

Commissioner for Patents
Alexandria VA 22313

Dear Sir,

This paper is responsive to the most recent Office Action on the merits, dated December 8, 2004, for which a response is due March 8, 2005. This Amendment is accompanied by a paper for a three month time extension, setting the deadline to June 8, 2005. Accordingly, this paper is timely filed.

Applicant has given careful consideration to the analysis in the Office Action. Please enter the following amendments and remarks.

05/27/2005 CCHAU1 00000069 071139 10054611

02 FC:1201 800.00 DA